

Employment Preferences

HEALTH PROGRAM AUDITOR IV, DEPARTMENT OF HEALTH SERVICES

10a499-00104249-002ema

This multi-level recruitment is for:

10a499-00104249-002ema HEALTH PROGRAM AUDITOR IV, DEPARTMENT OF HEALTH SERVICES

Last Name

First Name

DOB Month

DOB Day:

Last four digits of SSN or other ID

First three letters of last name at birth

Email Address (if willing to accept email communication)

☐ Check here if this is a new email address

Mailing Address

City

State

Zip Code

☐ Check here if this is a new mailing address

Only provide the following phone numbers if it is acceptable to call

Home Phone

Work Phone

Alternate Phone

Please complete the following employment preference information:

Check all Departments you do not wish to work for:

Select	Department
	Department of Health Care Services
	Department of Public Health

You may pick one or more locations.

Select	Location
	Commerce
	Fresno
	Gardenia
	Los Angeles Entire City
	Ontario
	Rancho Cucamonga
	Richmond
	Sacramento
	San Diego
	San Francisco
	Santa Ana

Please select at least one item from each column to indicate conditions of employment your willing to accept:

Permanent Full-time

Additional Options:

If you are currently eligible and wish to become inactive for this recruitment, please check here

If you have previously inactivated yourself for this recruitment and would like to reactivate your application, please check here

If you have never been eligible, and wish to withdraw from this recruitment, please check here

Signature: _____ Date: _____